

Employee Name	Location
----------------------	-----------------

Confidentiality

I understand that verbal, written and/or computerized information regarding applicants, participants or staff received during the course of employment with the WIC Program will be kept confidential. I understand that in some cases, the WIC program may provide participant information to health and service programs from which the participant may benefit.

All state and local program staff shall adhere to the confidentiality guidelines as outlined in state policy 450. Local programs may have additional internal confidentiality requirements.

Initial here

Conflict of Interest

I understand that as an employee of the WIC Program, I will not give preferential treatment to anyone including my friends or family, other staff members or vendors. All family members and friends will be certified and issued food instruments by a staff member other than myself or with the review/approval of the WIC Coordinator or immediate supervisor.

Initial here

Employee Fraud and Abuse

Employee fraud or abuse is an intentional and deliberate action that violates program regulation, policies, or procedures. Actions include but are not limited to:

- inappropriate issuance of food instruments;
- altering food instruments;
- entering false or misleading information in case records;
- creating fictitious or non-existent participant files; and
- misuse or theft of materials, supplies and equipment purchased with Oregon WIC Program funds.

I understand that I may be suspended, terminated and/or prosecuted under the law if I participate in any of the above mentioned actions. I also understand that I may have to reimburse the Oregon WIC Program for any dollar amount lost as a result of fraud and/or abuse.

Initial here

I have been advised of the above and understand the information I have been given as indicated by my initials and signature on this form.



Employee signature

Job Title

Date



Supervisor signature

Date

WIC is an equal opportunity program and employer.
If you need this form in an alternate format, please call 971-673-0040.